DR 2432 (12/02/11)

COLORADO DEPARTMENT OF REVENUE
DIVISION OF MOTOR VEHICLES
REGISTRATION SECTION

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FALLEN SERVICE MEMBER & WORLD WAR II LICENSE PLATE APPLICATION C.R.S. 42-3-213(15): 1 CCR 204-10 Rule 15. Fallen Service Member License Plates: C.R.S. 42-3-213(23)

| Name of Applicant | Legal Name if D | ifferent: (Maiden, Legal Change, Ad | option, etc.) Supply Supporting Documentation | | | |
|--|-----------------|---|---|--|--|--|
| Registration Address | | City | State ZIP | | | |
| | | | | | | |
| County Where Vehicle(s) Will Be Registered (Required Field) Daytime Phone | | Number | Fax Number | | | |
| Email Address | | | | | | |
| Fill out ONLY ONE of the columns below | | | | | | |
| COLUMN A: FALLEN SERVICE MEMBER LICENS | | | RLD WAR II LICENSE PLATES | | | |
| To be authorized to receive the Fallen Service Member | | To be authorized to receive the Veteran of World War II License Plate | | | | |
| the following criteria must be met in accordance with Colorado Revised Statute 42-3-213(15) | | the following criteria must be met in accordance with Colorado Revised Statute 42-3-213(23) | | | | |
| Service Member Qualifications | | Service Member Qualifications | | | | |
| Proof must be supplied that the service member died in the line of duty while serving in the armed forces and deployed to a | | 1. Proof must be supplied that the service member served in the armed forces between September 16, 1940, and July 25, 1947. | | | | |
| combat zone. | | 2. Acceptable proof is the member's DD-214 or other separation | | | | |
| Acceptable proof is member's DD-214, Service Record, Report of Casualty (DD-1300), officially issued documents, death certificate etc. | | | e during this time frame, including ervice in lieu of missing papers. | | | |
| Applicant Qualification | | | | | | |
| Applicant must provide documentation that they are the spouse, child, sibling, grandparent, or parent of the service. | | | | | | |
| 2. Acceptable documentation is Report of Casualty (DD-1300), birth/death | | | | | | |
| certificates, census records, historical archives, military records, etc. Name of Service Member Branch of Service | | Name of Service Member | | | | |
| Name of Service Member Branch of Ser | ivice | Name of Service Member | | | | |
| Combat Zone/Conflict in which member served and died in the line of duty | | Dates of Service | | | | |
| | | | | | | |
| SELECT ONLY ONE: (Personalization is NOT allowed) | | SELECT ONLY ONE: (Personalization is NOT allowed) | | | | |
| Fallen Air Force (Airman) Fallen Army (Soldier) | | | | | | |
| Fallen Marines (Marine) | | World War II | | | | |
| Fallen Coast Guard (Guardsman) Fallen Navy (Sailor) Please note that original proof of qualification documentation should NOT be submitted . Please submit a copy of all documentation. | | | | | | |
| Copies will be used for certification and verification purp | | | | | | |
| Numbe | r and Type of | Vehicles to be Plated | | | | |
| Check all that apply and record the number of vehicles to be plated. The applicant's name must be listed on any registration that is plated with either a Fallen Service Member License Plate or World War II License Plate. | | | | | | |
| Plate Type Requested (check all that apply) | | _ | | | | |
| | er of Vehicles | Motorcycle(s): | Number of Motorcycles | | | |
| (Passenger, Light Truck, Farm Truck, Motor Homes, and Recreational vehicles) I certify, under penalty of perjury that the above statements are true and accurate to the best of my knowledge. | | | | | | |
| Applicant Signature | above statellit | are true ariu accurate t | Date of Signature | | | |
| , | | | 0 1 3 1 | | | |
| Instructions: Submit this application and all required d receive approval. If your application is approved, a billir | | | | | | |

Instructions: Submit this application and all required documentation to one of the following and allow up to two weeks from submission to receive approval. If your application is approved, a billing letter will be generated and mailed to you. After payment of state collected fees, the plate(s) will be delivered to your County Motor Vehicle Office. The County Motor Vehicle Office will contact you to pick up your plate(s). If your application is denied you will receive a letter and your documents will be returned to you.

Do not submit payment with this application

| TO FAX YOUR APPLICATION | TO BRING YOUR APPLICATION TO US | TO MAIL YOUR APPLICATION |
|-------------------------|---|---|
| Fax To: | Physical Address: Colorado Department of Revenue | Mailing Address: Colorado Department of Revenue |
| (303) 205-5978 | Division of Motor Vehicle Title and Registration Sections 1881 Pierce Street, Lakewood, CO 80214 | Motor Vehicle Registration Denver, CO 80261-0016 |